

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2300593
<b>Decision Date:</b>	3/17/2023	<b>Hearing Date:</b>	March 03, 2023
<b>Hearing Officer:</b>	Brook Padgett		

**Appellant Representative:**

Pro se

**MassHealth Representative:**

Sheldon Sullaway, DDM



*Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, 6<sup>th</sup> floor  
Quincy, MA 02171*

# APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	130 CMR 420.428
<b>Decision Date:</b>	3/17/2023	<b>Hearing Date:</b>	March 03, 2023
<b>MassHealth Rep.:</b>	Dr. Sullaway	<b>Appellant Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy		

## Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

## Jurisdiction

The appellant received a notice dated January 17, 2023, stating: Your request for prior authorization for a partial lower and partial upper denture has been denied. (130 CMR 420.427(F) (Exhibit 1).

The appellant filed this appeal timely on January 24, 2023. (130 CMR 610.015(B); Exhibit 2).

Denial of a request for prior authorization is valid grounds for appeal. (130 CMR 610.032).

## Action Taken by MassHealth

The appellant's request for prior authorization for a partial lower denture and partial upper denture was denied.

## Issue

Is the appellant eligible for replacement of a partial lower denture and/or partial upper denture?

## **Summary of Evidence**

The MassHealth representative, a licensed dentist, testified the appellant's dental provider submitted a prior authorization (PA) request on January 17, 2023 for replacement of the appellant's partial lower and partial upper denture. Attached to the appellant's PA request was a completed Supplemental Dental Prior Authorization Form and other documentation. The provider indicated the appellant needs replacement of her partial lower and partial upper denture because she has had two extractions, restorative and crown and her old dentures no longer fit. She has been unable to eat food which require a lot of chewing as the missing teeth are mainly in the posterior of her mouth (premolars and molars). The PA indicates the appellant has a history of anxiety, depression and PTSD and that her inability to eat the food she enjoys with have a negative impact on her health. The representative explained that the appellant's request was denied on January 17, 2023 because MassHealth does not pay for replacement dentures that are less than seven years old 130 CMR 420.427(F)(5) and MassHealth authorized the appellant's current dentures on August 25, 2017. Further there is no medical necessity for those individuals over the age of 21 (the appellant is 57 years old). MassHealth submitted into evidence the appellant's PA request. (Exhibit 4).

The appellant testified that she is unable to eat anything but oatmeal as her partials no longer fit and she has no back teeth for chewing. The appellant stated she is losing weight.

MassHealth responded that the regulations do not allow for the replacement of dentures within 7 years and the x-rays indicate the appellant has a number of front and side teeth that remain intact which meet and enable her to chew and get her proper nutrition.

## **Findings of Fact**

Based on a preponderance of the evidence, I find the following:

1. On January 17, 2023, the appellant requested prior authorization for replacement of a partial lower and partial upper denture. (Exhibit 1).
2. The appellant requested the replacement for a partial lower and partial upper denture authorized by MassHealth on August 25, 2017. (Exhibit 4).
3. MassHealth will not authorize payment for replacement dentures when the existing denture is less than seven years old 130 CMR 420.427(F)(5).

## **Analysis and Conclusions of Law**

130 CMR 420.428(F) governs the authorization of replacement dentures. This regulation states that the Division will not authorize the payment for replacement dentures if the member's dental history reveals any of the conditions listed at 130 CMR 420.427(F)(1) through (8).

(F) Replacement of Dentures. The MassHealth agency pays for the necessary replacement of dentures. The member is responsible for denture care and maintenance. The member, or persons responsible for the member's custodial care, must take all possible steps to prevent the loss of the member's dentures. The provider must inform the member of the MassHealth agency's policy on replacing dentures and the member's responsibility for denture care. The MassHealth agency does not pay for the replacement of dentures if the member's denture history reveals any of the following:

- (1) repair or reline will make the existing denture usable;
- (2) any of the dentures made previously have been unsatisfactory due to physiological causes that cannot be remedied;
- (3) a clinical evaluation suggests that the member will not adapt satisfactorily to the new denture;
- (4) no medical or surgical condition in the member necessitates a change in the denture or a requirement for a new denture;
- (5) the existing denture is less than seven years old and no other condition in this list applies;**
- (6) the denture has been relined within the previous two years, unless the existing denture is at least seven years old;
- (7) there has been marked physiological change in the member's oral cavity, any further reline has a poor prognosis for success; or
- (8) the loss of the denture was not due to extraordinary circumstances such as a fire in the home.

On January 17, 2023, the appellant submitted a request for the replacement of her partial lower and partial upper denture. The record indicates the appellant received a partial lower and partial upper denture from MassHealth on August 25, 2017. 130 CMR 420.428(F)(5) states that the Division will not authorize payment for replacement dentures if the existing denture is less than seven years old. Although the appellant testified, she is unable to eat, x-rays indicate the appellant has a number of front and side teeth that remain intact which allow her to eat and get proper nutrition.

The appellant's partial upper and lower dentures are less than seven years old therefore the MassHealth action is upheld and this appeal is denied.

## **Order for MassHealth**

None.

## **Notification of Your Right to Appeal to Court**

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

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Brook Padgett  
Hearing Officer  
Board of Hearings

cc: MassHealth representative: PO Box 9708, Boston, MA 02114-9708